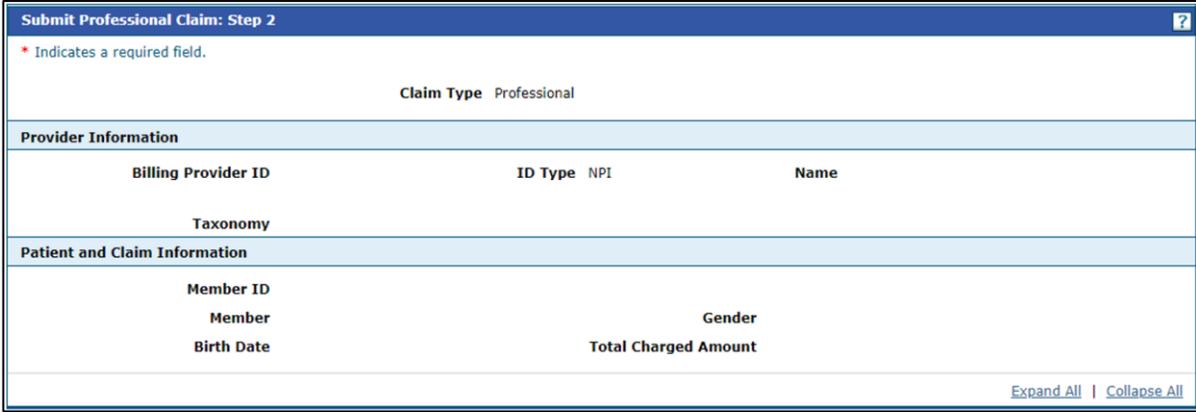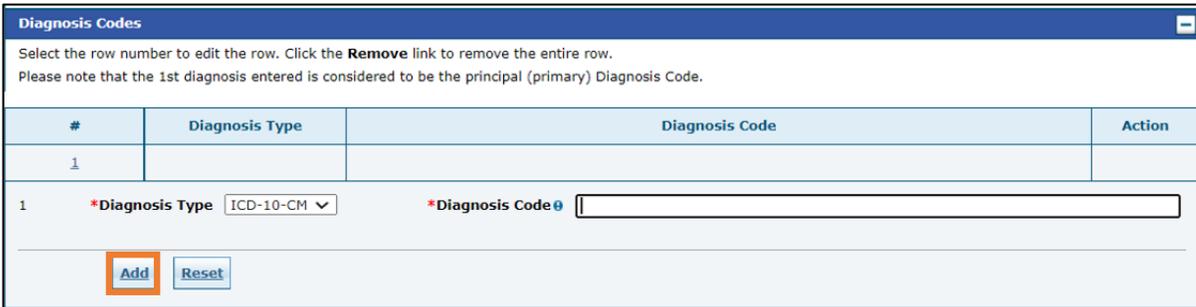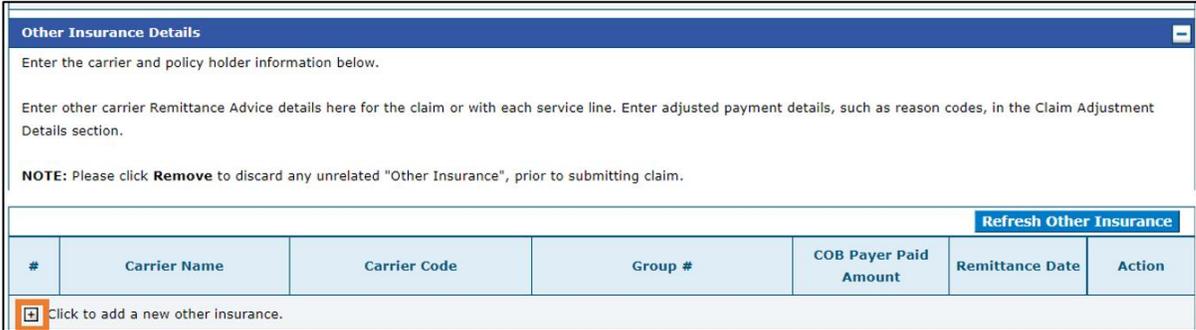# Job Aid

TPL Claims Submission

This job aid provides step by step instructions on how to submit a professional claim in the MESA portal with TPL insurance. Please read the instructions thoroughly and follow all directions.

Review the Steps to Submit a Claim with TPL

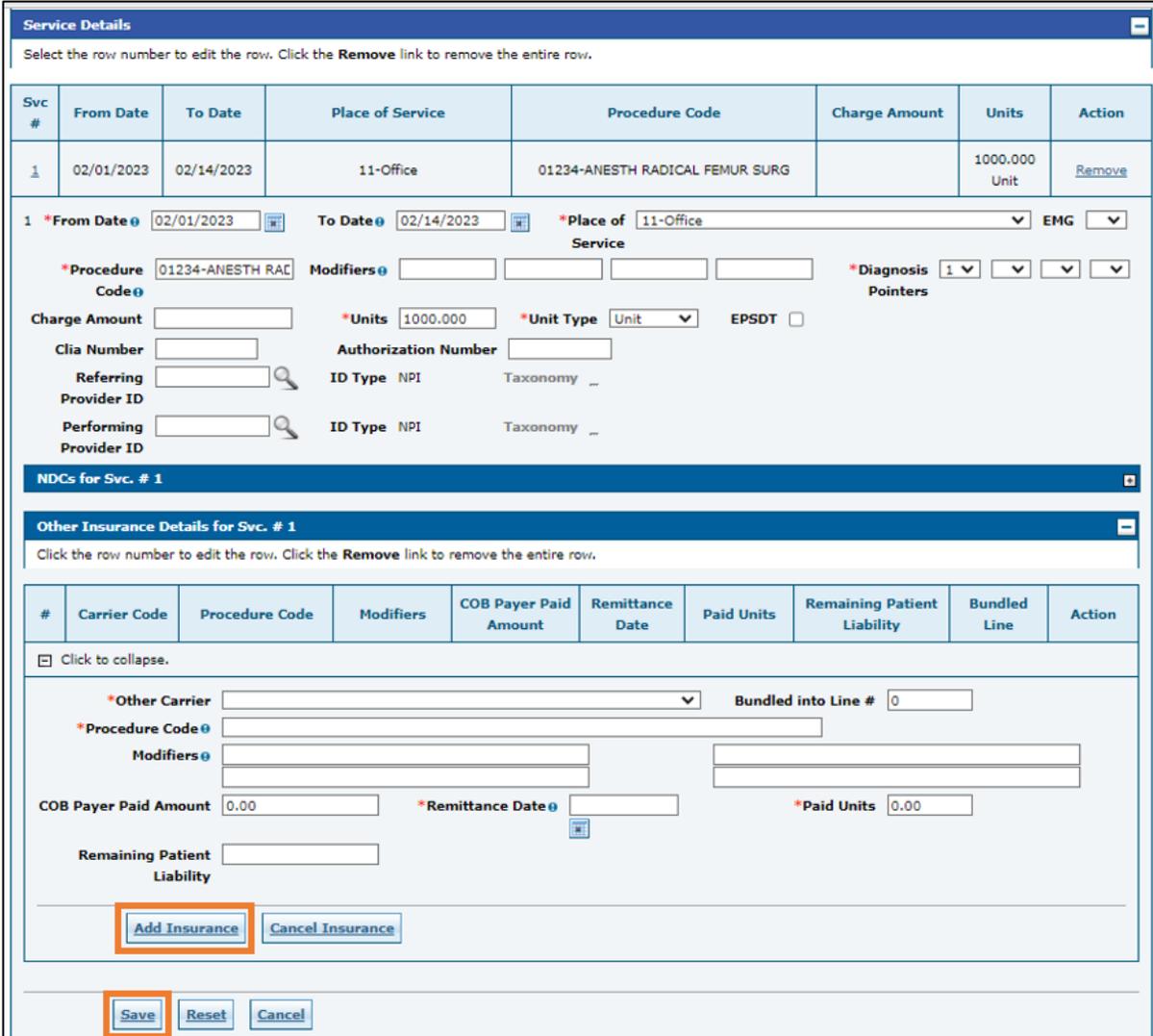| Steps	Description
Step 1	Login to the Portal. The **Portal Home** screen Displays.
Step 2	The following steps will review how to submit a Professional Claim with TPL in MESA: Hover over the **Claims** tab on the menu bar. A list of claim types displays below. Select **Submit Claim Prof**.
Step 3	The Portal displays the "Submit Professional Claim": Step 1 page. Select **Claim Type** Professional.

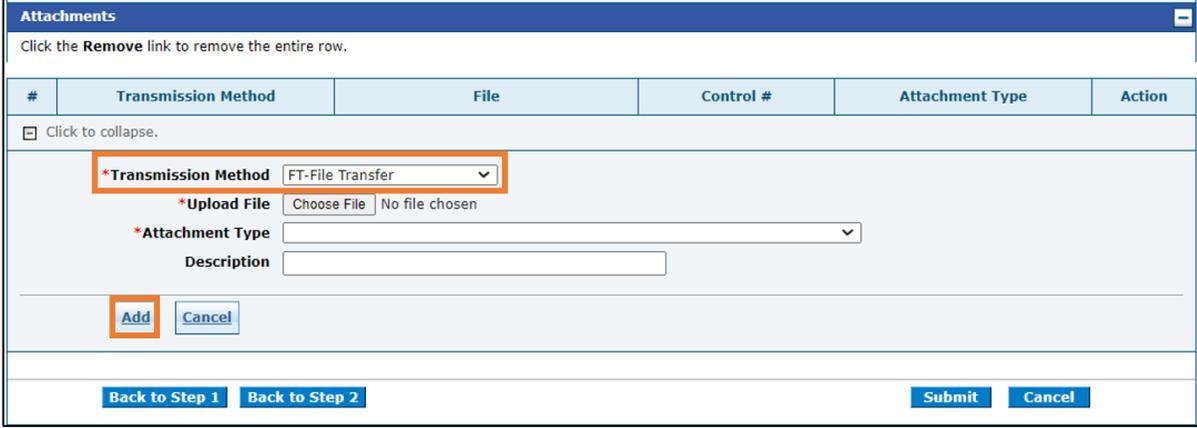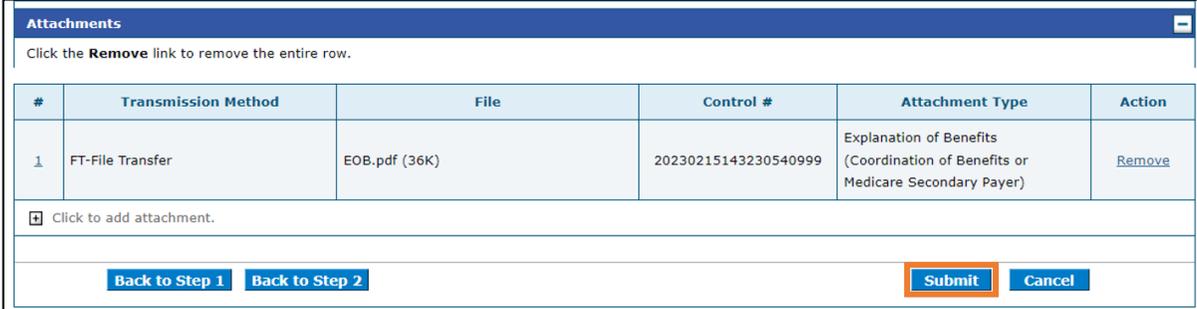| Steps	Description
	Submit Professional Claim: Step 1 [?] * Indicates a required field. Claim Type [Professional ▼]
Step 4	• Complete the **Provider Information** section. NOTE: There will be information already generated in this section. Complete additional fields if applicable to the claim being submitted. **Provider Information** Billing Provider ID ID Type NPI Name Taxonomy Performing Provider ID [____] 🔍 ID Type NPI Name _ Taxonomy _ Referring Provider ID [____] 🔍 ID Type NPI Name _ Taxonomy _ Supervising Provider ID [____] 🔍 ID Type NPI Name _ Taxonomy _
Step 5	• Complete the **Member Information** section. NOTE: Once the Member ID is entered, the system will generate the remaining fields in this section. Verify the fields populate correctly. **Member Information** *Member ID [____] Last Name _ First Name Birth Date _ Address [____] Address Line 2 [____] City [____] State [____ ▼] Zip Code ⓘ [____]
Step 6	• Complete the **Claim Information** section. NOTE: The **"Include Other Insurance"** check box **MUST** be checked to add TPL. NOTE: Everything with a red asterisk * must be completed. **Claim Information** Date Type [____ ▼] Date of Current ⓘ [____] 📅 Accident Related [____ ▼] Admission Date ⓘ [____] 📅 Patient Number [____] Authorization Number [____] *Transport Certification ○ Yes ○ No *Does the provider have a signature on file? ○ Yes ○ No *Does the provider accept assignment for claim processing? ○ Yes ○ No ○ Clinical Lab Services Only *Are benefits assigned to the provider by the patient or their authorized representative? ○ Yes ○ No ○ N/A *Does the provider have a signed statement from the patient releasing their medical information? ○ Yes ○ No Include Other Insurance ☑ Total Charged Amount $0.00 [Continue] [Cancel]

Steps	Description
Step 7	The Portal displays the "Submit Professional Claim": Step 2 page. Information entered in step 1 will display at the top of the page. • Review the previously submitted information and scroll down. **Submit Professional Claim: Step 2** * Indicates a required field. Claim Type Professional **Provider Information** Billing Provider ID ID Type NPI Name Taxonomy **Patient and Claim Information** Member ID Member Gender Birth Date Total Charged Amount Expand All | Collapse All
Step 8	• Enter the **Diagnosis Code** then select **Add**. NOTE: Everything with a red asterisk * needs to be complete if the section is applicable to the claim. **Diagnosis Codes** Select the row number to edit the row. Click the **Remove** link to remove the entire row. Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code. 	#	Diagnosis Type	Diagnosis Code	Action
1				 1 *Diagnosis Type [ICD-10-CM ▾] *Diagnosis Code❶ [ ] Add Reset
Step 9	Scroll down to the **Other Insurance Detail** panel. NOTE: If there is other insurance information populated that is out of date, select the **Remove** button under the **Action** column. If the information is still relevant, no changes are needed. • Select the **plus sign** to add any other insurance. **Other Insurance Details** Enter the carrier and policy holder information below. Enter other carrier Remittance Advice details here for the claim or with each service line. Enter adjusted payment details, such as reason codes, in the Claim Adjustment Details section. **NOTE:** Please click **Remove** to discard any unrelated "Other Insurance", prior to submitting claim. Refresh Other Insurance | #	Carrier Name	Carrier Code	Group #	COB Payer Paid Amount	Remittance Date	Action | ⊞ Click to add a new other insurance.
Step 10	• Select LM-Liability Medical for the **Claim Filing Indicator**. • Complete the required fields. o [Link to Carrier Codes](#) • Complete the Outpatient Adjudication Information section if applicable. • Once all the information is entered select **Add Insurance**.

Steps	Description
	NOTE: Everything with a red asterisk * must be completed if the section is applicable to the claim. **Other Insurance Details** Enter the carrier and policy holder information below. Enter other carrier Remittance Advice details here for the claim or with each service line. Enter adjusted payment details, such as reason codes, in the Claim Adjustment Details section. **NOTE:** Please click **Remove** to discard any unrelated "Other Insurance", prior to submitting claim. **Refresh Other Insurance** # / Carrier Name / Carrier Code / Group # / COB Payer Paid Amount / Remittance Date / Action Click to collapse. *Claim Filing Indicator: LM-Liability Medical *Carrier Name / *Carrier Code *Subscriber Last Name / *First Name Subscriber Address City / State Zip Code / Country *Subscriber ID *Group # Group Name Insurance Type *Payer Responsibility / *Relationship to Subscriber *COB Payer Paid Amount: 0.00 / *Remittance Date Remaining Patient Liability Total Non-Covered Amount / Payer Claim # Authorization # / Referral # *Release of Information Assignment of Benefits Patient Signature Source Code **Outpatient Adjudication Information** Reimbursement Rate / Claim HCPCS Payable Amount Remark CoMS 1 Remark Code 2 Remark Code 3 Remark Code 4 Remark Code 5 / Non-payable Professional Component Amount Claim ESRD Payment Amount **Add Insurance** / **Cancel Insurance**
Step 11	• After the other insurance has been added, select the number **1 hyperlink** to proceed to view the "Other Insurance Reasons" sub-panel. NOTE: User **MUST** select the number hyperlink after adding insurance in order to view the "Other Insurance Reasons" sub-panel.

Steps	Description
	Other Insurance Details Enter the carrier and policy holder information below. Enter other carrier Remittance Advice details here for the claim or with each service line. Enter adjusted payment details, such as reason codes, in the Claim Adjustment Details section. NOTE: Please click **Remove** to discard any unrelated "Other Insurance", prior to submitting claim. **Refresh Other Insurance** <table><tr><td>#</td><td>Carrier Name</td><td>Carrier Code</td><td>Group #</td><td>COB Payer Paid Amount</td><td>Remittance Date</td><td>Action</td></tr><tr><td>1</td><td>test</td><td>test</td><td>test</td><td>$0.00</td><td>02/01/2023</td><td>Remove</td></tr></table>⊞ Click to add a new other insurance. **Back to Step 1** **Continue** **Cancel**
Step 12	Scroll down to the **Other Insurance Reason** section. • Fill out the Other Insurance Reasons section and select **Add Reason**. NOTE: Everything with a red asterisk * must be completed if the section is applicable to the claim. • Once the Other Insurance Reasons are added select **Save Insurance** and move on to the next section. **Other Insurance Reasons** You can enter up to five unique group codes. You can repeat six combinations of reason code and adjustment amount with each group code. Click the **Remove** link to remove the entire row. <table><tr><td>#</td><td>Group Code</td><td>Reason</td><td>Amount</td><td>Units of Service</td><td>Action</td></tr></table>⊟ Click to collapse. *Group Code [dropdown] *Reason ❶ [_____] *Amount [0.00] Units of Service [_____] **Add Reason** **Cancel Reason** **Save Insurance** **Cancel Insurance** ⊞ Click to add a new other insurance.
Step 13	• Select continue to move onto step 2. **Back to Step 1** **Continue** **Cancel**
Step 14	The Portal displays the "Submit Professional Claim: Step 3 page". Information entered in steps 1 and 2 will display at the top of the page. • Scroll down to view the additional sections on this page. NOTE: Select the plus and minus for each section to expand and collapse the section.

Steps	Description
	Submit Professional Claim: Step 3
	* Indicates a required field.
	Claim Type Professional
	Provider Information
	Billing Provider ID **ID Type** NPI **Name**
	Taxonomy
	Patient and Claim Information
	Member ID
	Member **Gender**
	Birth Date **Total Charged Amount**
	Expand All | Collapse All
	Diagnosis Codes
	Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code.

#	Diagnosis Type	Diagnosis Code
1	ICD-10-CM	R071-CHEST PAIN ON BREATHING

Steps	Description
Step 15	• Fill out the required information for the **Service Details** section. ○ Complete the **NDCs for Svc. #1** panel if applicable. • Once all information has been completed, select **Add**.

Service Details

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

Svc #	From Date	To Date	Place of Service	Procedure Code	Charge Amount	Units	Action
1							

1 ***From Date** ⊙ [ ] ▦ **To Date** ⊙ [ ] ▦ ***Place of Service** [▾] **EMG** [▾]

*Procedure Code ⊙ [ ] **Modifiers** ⊙ [ ] [ ] [ ] [ ] ***Diagnosis Pointers** [▾] [▾] [▾] [▾]

Charge Amount [ ] ***Units** [ ] ***Unit Type** [Unit ▾] **EPSDT** ☐

Clia Number [ ] **Authorization Number** [ ]

Referring Provider ID [ ] 🔍 **ID Type** NPI **Taxonomy** _

Performing Provider ID [ ] 🔍 **ID Type** NPI **Taxonomy** _

NDCs for Svc. # 1

If applicable, only one NDC/UPN is allowed per service detail line. When adding an NDC/UPN, the Code Type, Quantity and Unit of Measure fields are required. Additionally, NDC/UPN information is required when adding or saving NDC/UPN with prescription information (Prescription Number, Prescription Type, Prescription Date).

Code Type [▾]

NDC/UPN ⊙ [ ]

Quantity [ ] **Unit of Measure** [▾]

Prescription Number [ ] **Prescription Type** [▾]

Prescription Date ⊙ [ ] ▦

Add   **Reset**

Steps	Description
Step 16	• Select the 1 **hyperlink** in the Svc # column to add Other Insurance Details for Svc. # 1. NOTE: The system opens the service detail panels and allow for editing of the information on service detail 1 with the option to add information related to the Other Insurance Details for Svc. #1 if required.

Steps	Description
	• Once all information is entered in the Other Insurance Details for Svc. #1 panel select **Add Insurance**. • Select **Save** to save the Service Detail.
Step 17	• Select the **plus sign** in the Attachments section to attach a copy of the EOB. NOTE: It is **REQUIRED** to submit the **Explanation of Benefits (EOB)** with TPL claims.
Step 18	• Select FT-File Transfer or NotSpecified-Not Specified from the **Transmission Method** dropdown. This selection affects the fields that display. • Complete the additional required fields for this section and select **Add**.

Steps	Description
	NOTE: Everything with a red asterisk * must be completed if the section is applicable to the claim. **Attachments** Click the **Remove** link to remove the entire row. | #	Transmission Method	File	Control #	Attachment Type	Action | Click to collapse. *Transmission Method: FT-File Transfer *Upload File: Choose File No file chosen *Attachment Type: Description: Add Cancel Back to Step 1 Back to Step 2 Submit Cancel
Step 19	The attachment displays in the Attachments section. • Review the information entered for Step 3 and select **Submit**. **Attachments** Click the **Remove** link to remove the entire row. | #	Transmission Method	File	Control #	Attachment Type	Action
1	FT-File Transfer	EOB.pdf (36K)	20230215143230540999	Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payer)	Remove	 Click to add attachment. Back to Step 1 Back to Step 2 Submit Cancel
Step 20	The Portal displays the **Confirm Professional Claim** page. Review all the information entered for this claim. Select the plus and minus to expand and collapse each section. Select Expand All and Collapse All to expand and collapse all the sections at once. At the bottom of the page, select Back to Step 1, Back to 2, or Back to 3 to go back and edit the information entered for this claim. • Once the review is completed, select Confirm to confirm the claim submission.

Steps	Description
	Confirm Professional Claim [?] Select Print Preview **before** you Confirm if you want to assure you view the claim as you entered it. After confirmation, Print Preview may reflect changes as the claim has been saved on the payer system. Claim Type Professional **Provider Information** Billing Provider ID ID Type NPI Name Taxonomy Performing Provider ID _ ID Type _ Name _ Taxonomy _ Referring Provider ID _ ID Type _ Name _ Taxonomy _ Supervising Provider ID _ ID Type _ Name _ Taxonomy _ **Member Information** Member ID Gender Member Birth Date Address Address Line 2 City State Zip Code **Claim Information** Date Type _ Date of Current _ Accident Related _ Admission Date _ Patient Number _ Authorization Number _ Transport Certification No Does the provider have a signature on file? No Does the provider accept assignment for claim processing? No **Diagnosis Codes** [+] **Other Insurance Details** [−] 	#	Carrier Name	Carrier Code	Group #	COB Payer Paid Amount	Remittance Date
---	---	---	---	---	---
1	test	test	test	$0.00	02/01/2023 | **Service Details** [−] | #	From Date	To Date	Place of Service	EMG	Procedure Code	Mod	Diag Code Ptrs	Units	EPSDT	Charge Amount
---	---	---	---	---	---	---	---	---	---	---
1	02/01/2023	02/14/2023	11		01234		1	1000.000 Unit	☐	$0.00	 **Attachments** [+] Back to Step 1 Back to Step 2 Back to Step 3 Print Preview Confirm Cancel
Step 21	The Portal returns the **Submit Professional Claim: Confirmation page.** NOTE: If the claim has an attachment with a not-specified transmission method then the Confirmation page has an Attachments Coversheet(s) button for the cover page. NOTE: It is required to mail the attachment after submitting the claim when a not-specified value is selected for the transmission method.

Steps	Description
	Submit Professional Claim: Confirmation ❓ **Professional Claim Receipt** Your Professional Claim was successfully submitted. The claim status is Finalized Payment. The Claim ID is **2322346000001**. Click **Print Preview** to view the claim details as they have been saved on the payer's system. Click **Copy** to copy member or claim data. Click **New** to submit a new claim. Click **View** to view the details of the submitted claim. **Print Preview** **Copy** **New** **View**

Change History

The following change history log contains a record of changes made to this document:

Version #	Published/ Revised	Author	Section/Nature of Change
1.0	2/15/2023	Gainwell	Initial publication